

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **9758625**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7	X	X					57						
8	X	X					58						
9	X	X					59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	14						TOTAL DEP.						
TOTAL CLAIMS	19						TOTAL CLAIMS						

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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/	/	
3		/		/	/	
4		/		/	/	
5		/		/	/	
6		/		/	/	
7		/		/	X	X
8		/		/	X	X
9		/		/	X	X
10		/		/	/	
11		/		/	/	
12		/		/	/	
13		/		/	/	
14		/		/	/	
15		/		/	/	
16	/		/		/	
17		/	/		/	
18		/	/		/	
19		/	/		/	
20		/	/		/	
21		/	/		/	
22		/	/		/	
23		/	/		/	
24		/	/		/	
25		/	/		/	
26		/	/		/	
27		/	/		/	
28		/	/		/	
29		/	/		/	
30		/	/		/	
31		/	/		/	
32		/	/		/	
33		/	/		/	
34		/	/		/	
35		/	/		/	
36		/	/		/	
37		/	/		/	
38	/		/		/	
39		/	/		/	
40		/	/		/	
41		/	/		/	
42		/	/		/	
43		/	/		/	
44		/	/		/	
45		/	/		/	
46		/	/		/	
47		/	/		/	
48		/	/		/	
49		/	/		/	
50		/	/		/	
TOTAL IND.	5		3		7	
TOTAL DEP.	62		45		32	
TOTAL CLAIMS	67		48		39	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/		/	
52		/		/		/
53		/		/		/
54		/		/		/
55	/		/		/	
56		/	/		/	
57		/	/		/	
58		/	/		/	
59		/	/		/	
60		/	/		/	
61	/		/		/	
62		/	/		/	
63		/	/		/	
64		/	/		/	
65		/	/		/	
66		/	/		/	
67		/	/		/	
68		/	/		/	
69		/	/		/	
70		/	/		/	
71		/	/		/	
72		/	/		/	
73		/	/		/	
74		/	/		/	
75		/	/		/	
76		/	/		/	
77		/	/		/	
78		/	/		/	
79		/	/		/	
80		/	/		/	
81		/	/		/	
82		/	/		/	
83		/	/		/	
84		/	/		/	
85		/	/		/	
86		/	/		/	
87		/	/		/	
88		/	/		/	
89		/	/		/	
90		/	/		/	
91		/	/		/	
92		/	/		/	
93		/	/		/	
94		/	/		/	
95		/	/		/	
96		/	/		/	
97		/	/		/	
98		/	/		/	
99		/	/		/	
100		/	/		/	
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						